

M15000000 6370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900321539359

12/11/18--01018--005 **520.00

FILED
18 DEC 11 PM 2:02
CLERK OF DISTRICT COURT
STATE OF MICHIGAN

Ra Resignation

DEC 21 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. CORPORATE GROUP/TRUST, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M15000006370

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Invoice Team

Name of Person

COGENCY GLOBAL INC

Name of Firm/Company

850 New Burton Rd Suite 201

Address

Dover, De 19904

City/State and Zip Code

invoices@cogencyglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Invoice Team

at (866) 621-3524

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

18 DEC 11 PM 2:02
COGENCY GLOBAL INC
INVESTMENT SERVICES

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

COGENCY GLOBAL INC

Name of Registered Agent

hereby resigns as

Registered Agent for U.S. CORPORATE GROUP TRUST, LLC

Name of Limited Liability Company

M15000006370

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Krystal Beckner

Signature of Resigning Agent

If signing on behalf of an entity:

Krystal Beckner

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
48 DEC 11 PM 2:02
TALLAHASSEE, FL
DIVISION OF CORPORATIONS